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## Utilization of Clinical Preventive Services among Rhode Island Adults with and without Health Insurance Coverage, 1999

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Having health insurance coverage increases access to health care. Persons with health insurance are more likely to have a primary care provider and to receive appropriate clinical preventive services such as a recent Pap test, flu immunization, or routine checkup.<sup>1</sup> Adults are at risk for poorer health outcomes when lack of health insurance decreases their access to health care. This paper presents data from the 1999 Behavioral Risk Factor Survey on utilization of clinical preventive services for Rhode Islanders ages 18 to 64 with and without health insurance.

**Methods.** The Rhode Island Department of Health, through its Behavioral Risk Factor Surveillance System (BRFSS), has surveyed a sample of Rhode Island adults by telephone each year since 1984 to track rates in Rhode Island's population for key health risk behaviors, health insurance coverage, and participation in health screening. Funded by the Centers for Disease Control and Prevention (CDC), Rhode Island's BRFSS, along with those of the other 49 states, Washington D.C., and 3 territories, is part of a national effort to monitor trends for these health risk factors.<sup>2</sup>

Currently, the BRFSS conducts telephone interviews each month with approximately 300 randomly selected Rhode Island residents ages 18 and older living in households with telephones. In 1999, 4003 interviews were completed by a professional survey research organization under contract to the Rhode Island Department of Health. Methods used for the BRFSS are defined

by CDC<sup>2</sup> and followed by all states participating in the BRFSS.

This report contains statistics from the 1999 BRFSS, comparing Rhode Island adults ages 18-64 with and without health insurance coverage on eleven major indicators of access to preventive clinical health services. (Table 1) Persons without health care coverage were those who answered "no" to the question — "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?" Persons 65 and older were not included in the analysis since nearly all these older adults have health coverage through Medicare.

**Results.** In 1999, approximately 75,000 Rhode Islanders ages 18-64 lacked health care coverage. This group was less likely than adults with coverage to have participated in preventive health screening for blood pressure and for blood cholesterol (Figure 1). Uninsured adults were also less likely to have participated recently in cancer screening procedures for colorectal cancer (fecal occult blood and sigmoidoscopy), cervical cancer

**Table 1. Indicators of Health Status and Clinical Preventive Services Utilization**

Indicator	Definition
Poor or Fair Health	<i>Self-rated general health is fair or poor</i>
No Routine Checkup	<i>No routine checkup within past year</i>
No Blood Pressure Screening	<i>Blood pressure not checked in past 2 years</i>
No Cholesterol Screening	<i>Never had blood cholesterol checked</i>
No Colorectal Cancer Screening	<i>Never had fecal occult blood test, age 50+</i>
No Sigmoidoscopy	<i>Never had a sigmoidoscopy</i>
No Routine Oral Health	<i>Has not visited dentist for routine cleaning in past 2 years</i>
Tooth Loss (Complete)	<i>All teeth removed because of tooth decay or gum disease</i>
No Flu Shot	<i>No flu shot in past year</i>
No Pap Smear	<i>No Pap test in past 2 years - women</i>
No Mammogram	<i>No mammogram in past 2 years - women, age 40+</i>

## Health by Numbers

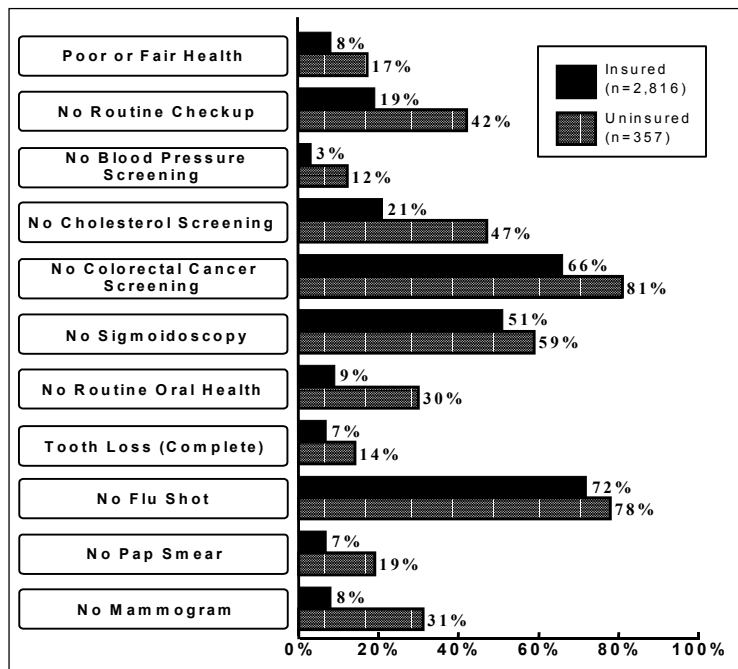


Figure 1. Utilization of Clinical Preventive Services Among Rhode Island Adults (Ages 18 to 64) by Health Insurance Status -- 1999.

(Pap test), or breast cancer (mammogram). (The finding that fewer respondents had performed a fecal occult blood test than had undergone sigmoidoscopy is at variance with usual clinical practice and requires further investigation.) In addition, they were less likely to have gone for a routine checkup in the past year, were less likely to have been immunized against flu in the past year, and were less likely to have gone to a dentist for a routine check and cleaning in the past 2 years. Those without health insurance were more likely to report their general health status as fair or poor and to report that all of their teeth had been removed because of tooth decay or gum disease.

**Discussion.** In Rhode Island, adults without health care coverage are at increased risk for poor health because

they are less likely to receive clinical preventive services than those with insurance. Currently, there are several efforts being made in the state to address these disparities in access to care by increasing the proportion of Rhode Islanders with health insurance coverage, especially those of working age. The RIt Care program, begun in 1994, placed Medicaid-eligible women and children in managed care plans with a designated primary care provider. Since its inception, the program has expanded its eligibility requirements on several occasions to cover an increasing number of "near-poor" Rhode Islanders. Recently, the RIt Share program was established to help low-income workers pay the employee's share of the cost of employer-sponsored health insurance. Results from future BRFSS surveys will help evaluate whether these and other efforts to expand health insurance coverage result in increasing utilization of clinical preventive services and improved health for the state's population.

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### References

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